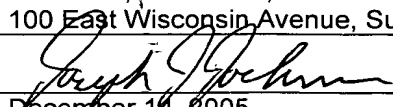
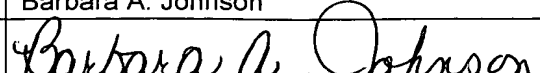


DPW

Please type a plus sign (+) inside this box [+]		Patent and Trademark Office: U.S. Department of Commerce		
0001/PTO Rev. 10/95 DEC 19 2005	U.S. Department of Commerce Patent and Trademark Office	Application Number	10/614,729	
TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Filing Date	07/07/2003	
		First Named Inventor	Jonathan A. Darby	
		Group Art Unit	3681	
		Examiner Name	Saul Rodriguez	
Total Number of pages in this Submission		9	Attorney Docket Number	248-00283

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After final <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement/PTO-1449 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Checklist and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> After Allowance Communication To Group <input type="checkbox"/> Appeal Communication to Board Of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (Please identify below) <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Return receipt postcard</div>
<div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm Or Individual Name	Joseph J. Jochman, Reg. No. 25,058 ANDRUS, SCEALES, STARKE & SAWALL, LLP 100 East Wisconsin Avenue, Suite 1100, Milwaukee, WI 53202
Signature	
Date	December 14, 2005

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FEE TRANSMITTAL For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**\$0.00**

Complete if Known

Application Number	10/614,729
Filing Date	07/07/2003
First Named Inventor	Jonathan A. Darby
Examiner Name	Saul Rodriguez
Art Unit	3681
Attorney Docket No.	248-00283

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☐ Deposit Account Deposit Account Number: 01.2000 Deposit Account Name: Andrus, Scealess, Starke & Sawall, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims - 20 = Extra Claims x Fee (\$) = Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20
Indep. Claims - 3 = Extra Claims x Fee (\$) = Fee Paid (\$)
HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = Extra Sheets / 50 = Number of each additional 50 or fraction thereof x Fee (\$) = Fee Paid (\$)
(round up to a whole number)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature	<u>Joseph J. Jochman</u>	Registration No. (Attorney/Agent)	<u>25,058</u>	Telephone	<u>414-271-7590</u>
Name (Print/Type)	<u>Joseph J. Jochman</u>			Date	<u>12/14/2005</u>

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Of:)	CERTIFICATE OF MAILING
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Attorney Docket No. 248-00283)	day of December, 2005.
)	
)	<i>Barbara A. Johnson</i> 12-14-05
)	Barbara A. Johnson
)	Date
)	
)	

AMENDMENT

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This paper is in response to the Office Action mailed September 14, 2005.

Amendments to the Claims are reflected on page 2 of this paper.

Remarks begin on page 5 of this paper.